OMB No 1545-0687

Exempt Organization Business Income Tax Return

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Form **990-T** (2017)

77,511.

1,000.

0.

72407\_\_2

31

32

33

34

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

line 32

31

32

33

990-T

SEE STATEMENT 7

Part I	I Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.	$\Box$	
	Controlled group members (sections 1561 and 1563) check here  See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	1 1	
	(2) Additional 3% tax (not more than \$100,000)		
C	Income tax on the amount on line 34	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Part I			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  41a		
b	Other credits (see instructions)	] [	
C	General business credit, Attach Form 3800	] ]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	
е	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	0.
45 a	Payments: A 2016 overpayment credited to 2017 45a 30,000.	$\Gamma$	
b	2017 estimated tax payments	1	
C	Tax deposited with Form 8868	1	
d	Foreign organizations: Tax paid or withheld at source (see instructions)  45d	1 1	
е	Backup withholding (see instructions) 45e	1 1	
f	Credit for small employer health insurance premiums (Attach Form 8941)  45f	1 1	
g	Other credits and payments: Form 2439		
	☐ Form 4136 ☐ Other Total ▶ 45g		
46	Total payments. Add lines 45a through 45g	46	30,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	30,000.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax   30,000 Refunded	50	0.
Part \			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		لـــا_يـا
	here SEE STATEMENT 8		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ige and bel	ief, it is true,
Here	LIVING CHIEF FINANCIAL	-	fiscuss this return with
TIGIC			hown below (see
		tructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check if	FPTIN	
Paid	self- employed	20	0052011
Prepa			0053811
Use C	nly Firm's name ► PLANTE & MORAN, PLLC Firm's EIN ►		-1357951
	2601 CAMBRIDGE CT., STE. 500	2401	275 7100
	Firm's address ► AUBURN HILLS, MI 48326 Phone no. (		375-7100

723711 01-22-18

Schedule A - Cost of Goods Sold. Enter	method of invent	ory va	aluation N/A				
1 Inventory at beginning of year 1	0.		Inventory at end of yea	ır		6	0.
2 Purchases 2	12,204.	7	Cost of goods sold. Su	ubtract I	ine 6		
3 Cost of labor 3			from line 5. Enter here				
4a Additional section 263A costs		1	line 2			7	12,204.
(attach schedule) 4a		8	Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule) 4b			property produced or a	cquired	for resale) apply to		The g
5 Total. Add lines 1 through 4b 5	12,204.		the organization?				X
Schedule C - Rent Income (From Real	Property and	Pers	sonal Property L	ease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
(1)					·	•.	
. (2)			<del></del>		· · · · · · · · · · · · · · · · · · ·		_
(3)			<del></del>				_
(4)							
	ed or accrued						-
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for be	ersonai	onal property (if the percentage property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly c columns 2(a) and	onnected with the 2(b) (attach sched	income in lule)
(1)						<del></del> -	
(2)							
(3)							
(4)							
Total 0.	Total			0.			
(c) Total income. Add totals of columns 2(a) and 2(b). En here and on page 1, Part I, line 6, column (A)	ter -		===:	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Debt-Financed	Income (see I	nstru	ctions)				
		2	. Gross income from		3. Deductions directly conne to debt-financed		able
Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)
(1)			·		·	<del>                                     </del>	
(2)						,	_
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x t	le deductions total of columns and 3(b))
(1)	<del>_</del> -		- %				
(2)			%				
(3)	<del>.</del>		%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here ar Part I, line 7	
Totals					0.		0.
Total dividends-received deductions included in column	18				<u> </u>	<del> </del>	0.

				Exempt	Controlled O	rganizatio	ons					
1. Name of controlled organi	zation	2. Em Identifi num	cation				ments made incl		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)				· · -								
(2)							•					
(3)												
(4)												
Nonexempt Controlled Orga	nizations											
7. Taxable Income		nrelated incom		9. Total	of specified payr made	nents	10 Part of colur in the controllingross				ductions directly connected income in column 10	
(1)							-					
(2)		_									_	
(3)												
(4)					····							
		-					Add colum Enter here and line 8, c			Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
<b>Totals</b>						▶			0.		0 .	
Schedule G - Investm	ent Incon	ne of a S	ection	501(c)(7	7), (9), or (	17) Org	anization				<del></del>	
(see in	structions)						3. Deduction	. T			5 Total deductions	
1. De	escription of incor	me			2. Amount of	income	directly connec	cted	4. Set-a (attach s		and set-asides (col 3 plus col 4)	
(1)												
(2)					<u> </u>							
(3)												
(4)					<u> </u>		· -					
					Enter here and e Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
fotals				•		0.				1	0.	
Schedule I - Exploited	-	Activity	Income	, Other	Than Adv		g Income					
1. Description of exploited activity	2. G unrelated income trade or t	e from	3. Exp directly co with pro- of unre business	innected duction ilated	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business incol	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<del> </del>										· · · ·	
(2)	_					<del></del>		$\neg \neg$		-		
(3)	+			•		-+						
(4)				-	<del>                                     </del>						<u> </u>	
Totals I	Enter her page 1, line 10,	, Part I,	Enter here page 1, line 10, c	Part I,			<u> </u>			<del></del>	Enter here and on page 1, Part II, line 26	
Schedule J - Advertis	sing Incon		nstructions		J						<u>,                                     </u>	
	Periodic	als Repo	orted on	a Con	solidated	Basis			•			
Part I Income From				. Direct	4. Advert	ol 2 minus	5. Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus	
Part I Income From  1. Name of periodical		2. Gross advertising income		tising costs	col 3) If a ga cols 5 th		Income		costs	5	column 5, but not more than column 4)	
1. Name of periodical		advertising			col 3) If a ga cols 5 th		income		cost	5		
1. Name of periodical  (1)  (2)		advertising			col 3) If a ga		income					
1. Name of periodical (1) (2) (3)		advertising			col 3) If a ga		income		cost	5		
1. Name of periodical		advertising			col 3) If a ga		income		Costs			

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)				.,			
(4)							
Totals from Part I	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)	]			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	1			0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

**Employer identification number** 

THE EDISON INSTITU				38-	1359513
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(4)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked			1		
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					4,355.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales		7		4	-341.
5 Short-term capital gain or (loss) from like-king	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin				7	4,014.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thai	n One Year		<del>,</del>
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(0) Adjustments to gain or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked		<del> </del>			
9 Totals for all transactions reported on					52 224
Form(s) 8949 with Box E checked					53,001.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked			1		115 700
11 Enter gain from Form 4797, line 7 or 9		_			115,709.
12 Long-term capital gain from installment sales		•		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	<del></del>
14 Capital gain distributions					1.00 71.0
15 Net long-term capital gain or (loss). Combine		1 h		15	168,710.
Part III   Summary of Parts I and	<del> </del>	14 (1 45)	1	40	A 01A
16 Enter excess of net short-term capital gain (lin			. 71	16	4,014.
17 Net capital gain. Enter excess of net long-term		· ·	· ·	17	168,710.
18 Add lines 16 and 17. Enter here and on Form has qualified timber gain, also complete Part		pper line on other returns. If	the corporation	18	172,724.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2017

P	art IV Alternative Tax for Corporations with Qualified Timber	r Gain. Complete Part IV o	nly if the corporation has	
	qualified timber gain under section 1201(b). Skip this part if you are filing Form	1120-RIC. See instructions.		
19	Enter qualified timber gain (as defined in section 1201(b)(2))	19		i
20	Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
	of your tax return	20		
21	Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or			
	(c) the amount on Part III, line 17	21		
22	Multiply line 21 by 23.8% (0.238)		22	
23	Subtract line 17 from line 20. If zero or less, enter -0-	23		
24	Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropria	ate for	<u> </u>	
	the return with which Schedule D (Form 1120) is being filed		24	· · · · · · · · · · · · · · · · · · ·
25	Add lines 21 and 23	25		
26	Subtract line 25 from line 20. If zero or less, enter -0-	26		
27	Multiply line 26 by 35% (0.35)		27	
	Add lines 22, 24, and 27		28	
29	Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropri	iate for the		
	return with which Schedule D (Form 1120) is being filed	•	29	
30	Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line	2, or the		
	applicable line of your tax return		30	44001.0047
			Scheaule D (F	orm 1120) 2017

# Form 4626 Department of the Treasury Internal Revenue Service

### **Alternative Minimum Tax - Corporations**

► Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Nam				Employer identification number
	THE EDISON INSTITUTE INC			38-1359513
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
			<u> </u>	76 511
1	Taxable income or (loss) before net operating loss deduction		1	76,511.
2	Adjustments and preferences:		١.	
	Depreciation of post-1986 property		2a	
l	Amortization of certified pollution control facilities		2b	<u> </u>
1	Amortization of mining exploration and development costs		2c	
	Amortization of circulation expenditures (personal holding companies only)		2d	<del></del>
	Adjusted gain or loss		2e	
1	Long-term contracts		2f	
1	Merchant marine capital construction funds		2g	·
	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
j	Tax shelter farm activities (personal service corporations only)		2i	·
	Passive activities (closely held corporations and personal service corporations only)		2 <u>j</u>	
	Loss limitations		2k	<del></del>
	Depletion		21	<u> </u>
	n Tax-exempt interest income from specified private activity bonds		2m 2n	
	n Intangible drilling costs n Other adjustments and preferences	STATEMENT 11 *	20	-94.
	Other adjustments and preferences  Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20	DINI DINI II	3	76,417.
3 4	Adjusted current earnings (ACE) adjustment:		ٿ	79,722.0
	ACE from line 10 of the ACE worksheet in the instructions	4a   76,520.		
	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	14	1	
	negative amount. See instructions	4b   103.		
	: Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c 77.	1	
	Enter the excess, if any, of the corporation's total increases in AMTI from prior		1	
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d			
	(even if line 4b is positive)	4d	1	
	ACE adjustment.			
	If line 4b is zero or more, enter the amount from line 4c	)		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	þ	4e	77.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	76,494.
6	Alternative tax net operating loss deduction. See instructions	STATEMENT 12	6	68,845.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held	a residual		
	interest in a REMIC, see instructions		7	7,649.
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on	line 8c):		
	Subtract \$150,000 from line 7. If completing this line for a member of a controlled			
	group, see instructions. If zero or less, enter -0-	8a 0.		
	Multiply line 8a by 25% (0.25)	8b 0.	1	·
-	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control	illed		40.000
	group, see instructions. If zero or less, enter -0-		8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	0.
10	Multiply line 9 by 20% (0.20)		10	0.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12	Tentative minimum tax. Subtract line 11 from line 10		12	0.
13	Regular tax liability before applying all credits except the foreign tax credit		13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her		١,,	
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<u>n</u>	14	0.
JWA	For Paperwork Reduction Act Notice, see separate instructions.			Form <b>4626</b> (2017)

\* SEE ALSO

STATEMENT 9 STATEMENT 10

#### Adjusted Current Earnings (ACE) Worksheet ➤ See ACE Worksheet Instructions. 76,417. Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 ACE depreciation adjustment: 103. a AMT depreciation **b** ACE depreciation: (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 26(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) 2b(6) (6) Other property

(7) Total ACE depreciation, Add lines 2b(1) through 2b(6) 2b(7) 103. c ACE depreciation adjustment, Subtract line 2b(7) from line 2a 2c 3 Inclusion in ACE of items included in earnings and profits (E&P): a Tax-exempt interest income **b** Death benefits from life insurance contracts 3Ъ c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) 3e for a partial list)

4a

4b

4c

4d

f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e

4 Disallowance of items not deductible from E&P:

a Certain dividends received

b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043)

 ${f c}$  Dividends paid to an ESOP that are deductible under section 404(k)

d Nonpatronage dividends that are paid and deductible under section 1382(c)

e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)

f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e

Other adjustments based on rules for figuring E&P:

a Intangible drilling costs

**b** Circulation expenditures

c Organizational expenditures

d LIFO inventory adjustments

e Installment sales

f Total other E&P adjustments. Combine lines 5a through 5e

5 Disallowance of loss on exchange of debt pools

7 Acquisition expenses of life insurance companies for qualified foreign contracts

Depletion

9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626

10

76,520.

3f

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
<del></del>			

- (1) MUSEUM ACTIVITIES
- (2) SERVICES TO THE HENRY FORD ACADEMY, A CHARTER SCHOOL

TO FORM 990-T, PAGE 1

	) FROM PARTNERSHIPS CORPORATIONS	STATEMENT 2		
DESCRIPTION		AMOUNT		
INCOME FROM K-1 FLOWTHROUGHS		252,177.		
TOTAL TO FORM 990-T, PAGE 1, L	INE 5	252,177.		
FORM 990-T	OTHER INCOME	STATEMENT 3		
DESCRIPTION		AMOUNT		
REVENUE FROM SERVICES PROVIDED	TO CHARTER SCHOOL	675,084.		
TOTAL TO FORM 990-T, PAGE 1, L	675,084.			
FORM 990-T	CONTRIBUTIONS	STATEMENT 4		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
CHARITABLE CONTRIBUTIONS FROM K-1 FLOWTHROUGHS	N/A	94.		
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	94.		

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		ТИООМА
SHIPPING & RECEIVING CUSTODIAL SUPPLIES UTILITIES FOOD SERVICES ADMIN BENEFITS WORKERS COMPENSATION INSURANCE ACCOUNTING SERVICES OTHER DEDUCTIONS FROM PARTNERS		1,103. 37,684. 68,472. 37,776. 39. 2,500. 7,007. 343,187.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	497,768.

## Form

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

THE EDISON INSTITUTE INC 38-1359513 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

roker and may even tell you which hox to check Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  $\overline{\mathbf{X}}$  (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (h) (c) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see Column (e) In Code(s) with column (g) the instructions FROM K-1 COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L.P. <14.FROM K-1 COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L.P. <5. FROM K-1 COMMONFUND CAPITAL NATURAL RESOURCES VII, LP 29. FROM K-1 COMMONFUND CAPITAL NATURAL RESOURCES VIII, LP 519. FROM K-1 VARDE INVESTMENT 3,969 PARTNERS, L.P. FROM K-1 PARK STREET CAPITAL PRIVATE EOUITY FUND VII, L.P. 34. FROM K-1 LEXINGTON CAPITAL PARTNERS <177. VI-A, L.P. Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2017)

4,355.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

### THE EDISON INSTITUTE INC

38-1359513

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which hox to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

\_\_\_\_ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not	reported to you	on Form 1099-B				<u> </u>	
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) &
		(IVIO., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FROM K-1							
COMMONFUND CAPITAL						_	
INTERNATIONAL							
PARTNERS VI LP			-				3,700.
FROM K-1							
COMMONFUND CAPITAL							
PRIVATE EQUITY							
PARTNERS VII, L.P.							36,295.
FROM K-1							
COMMONFUND CAPITAL							
PRIVATE EQUITY							
PARTNERS VI, L.P.							<278.
FROM K-1			<del>'</del>				
COMMONFUND CAPITAL				1			
NATURAL RESOURCES							
VII, LP						Ī	13,082.
FROM K-1						-	
COMMONFUND CAPITAL	-				, i		
VENTURE PARTNERS							-
VII			-				<261.
FROM K-1 ENDOWMENT							
VENTURE PARTNERS V							<72.>
FROM K-1			· <del>-</del>				
COMMONFUND CAPITAL			·	1			
NATURAL RESOURCES			,	1			
VIII, LP				1			212.
FROM K-1 ENDOWMENT	-						
PRIVATE EQUITY			-				
PARTNERS IV			- ·				<698.
FROM K-1 VARDE							
INVESTMENT		-					
PARTNERS, L.P.	_						6,941.
							·
2 Totals. Add the amounts in colu	mns (d), (e), (g) a	nd (h) (subtract					
negative amounts). Enter each to	otal here and incl	ude on your					
Schedule D, line 8b (if Box D ab	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if I	Box F above is c	hecked) 🕨		<u> </u>			53,001.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2017)

72407

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

#### THE EDISON INSTITUTE INC

38-1359513

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	l loss. If v	nt, if any, to gain or ou enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)					in column (g), enter a code in column (f). See instructions.		Subtract column (c)
(Sample 100 dr. X12 00.)					(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
FROM K-1 PARK			<del></del>				
STREET CAPITAL							<u> </u>
PRIVATE EQUITY	-						
FUND VI, L.P.							6,442.
FROM K-1 CA	-		_			· · ·	
RESOURCES FUND (US			-			i	
TAX-EXEMPT) -							· · ·
SERIES BAIN EUROPE					_		· · · · · · · · · · · · · · · · · · ·
III		_					1,018.
FROM K-1 PARK					_		
STREET CAPITAL			-	1	-		
PRIVATE EQUITY						_	
FUND VII, L.P.		-					<1,213.
FROM K-1 PARK							
STREET CAPITAL					_		
PRIVATE EQUITY		_					
FUND VIII, L.P.			*	~			<11,670.
FROM K-1 DOVER			1				
STREET VII LP							97.
FROM K-1 LEXINGTON	-		-				
CAPITAL PARTNERS			1.1.7				
VI-A, L.P.							512.
FROM K-1 CA							
RESOURCES FUND							
(U.S. TAX-EXEMPT).	-						
LP SERIES BAIN X							<1,106.
		-					
					_		
			<del>*</del> -	1 "			
		1	<del></del>	<u> </u>	·		
			<del></del>				
		<del></del>		*		\	
2 Totals. Add the amounts in colu	mns (d) (e) (d) a	nd (h) (subtract		<del>-</del>	_		
negative amounts). Enter each to							
Schedule D, line 8b (if Box D ab		· · · · · · · · · · · · · · · · · · ·					
above is checked), or line 10 (if i	•••	•					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2017)

**Depreciation and Amortization** (Including Information on Listed Property)

990-T

OMB No 1545-0172

Attach to your tax return.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Sequence No 179 Identifying number

THE EDISON INSTITUTE IN		·			T PAGE 1		38-1359513
Part   Election To Expense Certain Property	Under Section 17	79 Note: If you ha	ve any list	ed property	, complete Part	V before y	
1 Maximum amount (see instructions)	1	510,000.					
2 Total cost of section 179 property placed	2						
3 Threshold cost of section 179 property b	3	2,030,000.					
4 Reduction in limitation. Subtract line 3 fro	om line 2. If zero	or less, enter -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line 1	5						
6 (a) Description of prop	Cost (business use only) (c) Elected cost			cost			
			-				
					-		
· · · · · · · · · · · · · · · · · · ·					<del></del>	-	
7 Listed property. Enter the amount from li	ne 29			7	<del></del>		
8 Total elected cost of section 179 propert	8	( <u> </u>					
9 Tentative deduction. Enter the smaller of	9						
10 Carryover of disallowed deduction from li	10						
_ *	=		than zara	or line 5			
11 Business income limitation. Enter the sm	11	103.					
12 Section 179 expense deduction. Add line	•					12_	103.
13 Carryover of disallowed deduction to 201 Note: Don't use Part II or Part III below for lis				▶ 13			
B				listed area	netic 1		
Openial Depi columni Allowani		·			<del></del>		
14 Special depreciation allowance for qualifi	ed property (oth	er than listed pro	perty) plac	ed in servi	e during		
the tax year						14	
15 Property subject to section 168(f)(1) elect	15						
16 Other depreciation (including ACRS)	16						
Part III MACRS Depreciation (Don't in	clude listed pro	·					· · · · · ·
		Section	n A		<del></del>		
17 MACRS deductions for assets placed in s	service in tax ye:	ars beginning bef	ore 2017		. –	_ <b>17</b>	
18 If you are electing to group any assets placed in service							
Section B - Assets P		<del></del>		sing the Ge	neral Deprecia	tion Syste	<u>m</u>
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only - see instruc	ent use	(d) Recover period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property				.=			
f 20-year property			Ī				
g 25-year property				25 yrs.		S/L	
	/			27.5 yrs	MM	S/L	· ·
h Residential rental property	/			27.5 yrs	MM	S/L	
			1	39 yrs.	MM	S/L	
i Nonresidential real property		-			MM	S/L	<del></del>
Section C - Assets Pla	ced in Service	During 2017 Tax	Year Usi	ng the Alte			tem
20a Class life			1			S/L	······································
		<del></del>		12 vre			
b 12-year	<del>,  </del>		<del></del>	12 yrs.	NANA .	S/L	
c 40-year  Part IV Summary (See instructions.)	/			40 yrs.	MM	S/L	
21 Listed property. Enter amount from line 2						21	
22 Total. Add amounts from line 12, lines 14							4.00
Enter here and on the appropriate lines o				ns - see ins	tr.	22	103.
23 For assets shown above and placed in se	rvice during the	current year, ente	er the				1
portion of the basis attributable to section	n 263A costs			23	<u></u>		

THE EDISON INSTITUTE INC 38-1359513 Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment. Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes." is the evidence written? Yes No Yes No (b) (c) (e) Date Rusiness/ **Elected** Basis for depreciation Depreciation Type of property Method/ Cost or Recovery (business/investment placed in investment section 179 (list vehicles first) period Convention deduction other basis use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use. % % % 27 Property used 50% or less in a qualified business use % S/L % S/L % S/L. 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the guestions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) (e) **(f)** (a) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 No Yes 34 Was the vehicle available for personal use Yes Yes No Yes Yes Yes No No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI **Amortization** (a) (b) (c) (d) (e) **(f)** for this year period or percentag beams 42 Amortization of costs that begins during your 2017 tax year

43 43 Amortization of costs that began before your 2017 tax year 44 44 Total. Add amounts in column (f). See the instructions for where to report

Form 4562 (2017)